

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

12198

File No. 148

Registered No.

St. Ward)

1. PLACE OF DEATH

County Cedar

Registration District No. 104

Township Butler

Primary Registration District No. 5229

City Janesville, Mo.

2. FULL NAME

(a) Residence No. St. Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

V MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Hogan Brasher

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4/12 - 1845

7. AGE YEARS 88 MONTHS 11 DAYS 22 If LESS than 1 day, hrs. min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Randolph Co. Ind

13. NAME Richard Beckley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT (ADDRESS) R. Beckley, Jr. Spr. Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Cedar Co. Mo. DATE 4-14-1934

19. UNDERTAKER (ADDRESS) O. Mitchell, Jr. Spr. Mo.

20. FILED 4/10 1934 Mrs. May Hefner Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/4 - 1934

22. I HEREBY CERTIFY, That I attended deceased from March 30, 1934, to April 4, 1934

I last saw her alive on April 3, 1934. Death is said to have occurred on the date stated above, at 6:00 p.m.

The principal cause of death and related causes of importance were as follows:

Senility Date of onset

Cardiac insufficiency

Other contributory causes of importance:

956

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? D

If so, specify

(Signed) H. L. Swanson M.D.

(Address) Janesville, Mo.

